

Jamie Canales
3862 SW Binford Ave
Gresham, OR 97080

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Attn: Members of the House Committee on Behavioral Health and Health Care

Dear Chair Nosse, Vice-Chair Goodwin, Vice-Chair Nelson, and members of the committee,

My name is Jamie Aguilar and I am a nurse at Providence Home Health and Hospice.

As a new home health field nurse case manager in 2017 I was often surprised to hear that my patients weren't getting visits they were supposed to be getting for wound care or weren't getting visits to review medication changes or for education for newly diagnosed heart failure or COPD.

I would hear from the staffing coordinators that there were 80 patients on the unassigned list, meaning they were supposed to have a visit but there was no nurse available to see them that day. Back then we even had a team of nurses called the "after hours nurses" who would see the patients on that list with the highest needs for care after the access nurse triaged the unassigned list. Within the last 2 years the after hours nurse team has been dissolved. The palliative care team, mental health team and wound care nurse team staff have left and not been replaced.

Productivity expectations have increased, meaning the number of patients nurses are assigned every day has increased, staff are leaving and jobs are not being posted. Instead of hiring, management are pushing nurses to see more and more patients every day leading to: missed breaks, overtime, rushed care, poor management of care such that patients remaining on service longer than they need to be or are discharged too early, wounds that heal slowly or become infected, catheter associated urinary tract infections from delayed frequency of exchanges or lack of time for adequate patient and caregiver education, heart failure and copd exacerbations, increased ER visits and re-hospitalizations, and on and on and on....

Nurses need HB 2967 to protect patients from health care administrators who are running our healthcare organizations in a way that is clearly not based on the patient's best interests.

Kai Svane Blume and their colleagues (2021) conducted an umbrella review of 15 published literature reviews looking at the association between nurse staffing levels and nurse sensitive patient outcomes (NSPOs) in adult acute care, which ranked 22 unique NSPOs according to the strength of evidence existing for their association with nurse staffing.

Their research was clear.

Fewer nurses on a unit is directly associated with longer lengths of stay, more patient dissatisfaction, poor quality of nursing care delivered, and re-admission. They also identified evidence that fewer nurses were associated with failure to rescue, medication errors, mortality, pneumonia, and respiratory failure.

A literature review of 4 systematic reviews done by Minnesota Department of Health (2015) found evidence of an inverse relationship between lower nurse staffing levels and patient outcomes like patient mortality, failure to rescue from surgical complications, and falls in the hospital. Drug administration errors, missed nursing care, and patient length of stay are all linked to lower nurse staffing levels.

A study done by Margo Brooks Carthon, PhD, APRN, FAAN (2021) discovered that the odds of survival to discharge after in-hospital cardiac arrest was lower for black patients than white patients, and a significant interaction was found between race and nurse staffing for survival to discharge.

Each additional patient being cared for by a nurse lowers the odds of survival for black patients more than white patients.

Please support HB 2697.

Jamie Canales